

8 MAR 1983

MEMORANDUM FOR: Chief, Safety Staff, DDA

FROM: Daniel C. King
Director of Logistics

SUBJECT: Annual Occupational Safety and Health Report

REFERENCE: Memorandum to D/L, fm C/SS/DDA, dtd 2 April
1982, same subject (OL 2-1547)

1. In response to the referent memorandum, we have reviewed our safety and health program and completed the attached questionnaire report for CY 1982.

2. Our Safety and Health Committee continues to oversee the Office of Logistics' (OL) safety and health program, with the primary goal to provide OL personnel with a working environment free of safety and health hazards. I am pleased to report that goal was achieved again in CY 1982.

3. If we can be of further assistance, please contact the Plans and Programs Staff, OL, extension

Daniel C. King

Attachments

Distribution:

Orig. - Addressee w/atts
1 - OL Files wo/atts
1 - D/L Chrono wo/atts
✓ 1 - P&PS Official w/atts
1 - P&PS Chrono wo/atts

OL/P&PS (8 March 1983)

DL 4045-83

ATTACHMENT
11

3 MAR 1983

MEMORANDUM FOR: Chief, Safety Staff, DDA

FROM:

Chairman, Office of Logistics Safety and Health Committee

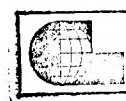
SUBJECT: Annual Occupational Safety and Health Report

REFERENCE: Memo dtd 23 Jun 82 to D/L fm C/SS/DDA, subj same as above

1. In response to the referent memorandum, we have reviewed our safety and health program and completed the questionnaire report for CY 1982.

2. If we can be of further assistance, please contact
Chairman, Safety and Health Committee,
Office of Logistics on extension

Att



OL-14138-83

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY 82

NAME AND ADDRESS OF FACILITY/COMPONENT

Office of Logistics

STAT

NUMBER OF EMPLOYEES

NAME OF FACILITY/COMPONENT SAFETY OFFICER

STAT

Chairman OL Safety & Health Committee

=====

ADMINISTRATION

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Has the head of your Facility/Component issued a policy statement that: | | |
| a. Emphasizes his/her commitment to a safe and healthful workplace? | <u>X</u> | ___ |
| b. Charges all levels of management to be responsible and accountable for the program? | <u>X</u> | ___ |
| c. Requires employee compliance with applicable OSHA and/or Agency standards? | <u>X</u> | ___ |
| d. Has been communicated to all Agency personnel? | <u>X</u> | ___ |
| e. Assures employee OSH rights? | <u>X</u> | ___ |
| 2. Does the Official in Charge directly supervise the person(s) responsible for managing the OSH program? | ___ | <u>X</u> |
| 3. How frequently does your Facility/Component Safety Officer meet or communicate officially with the Official in Charge on safety and health matters? | | |

- | | <u>Meet</u> | <u>Communicate</u> |
|-----------------------|-------------|--------------------|
| a. At least weekly | ___ | ___ |
| b. At least monthly | ___ | ___ |
| c. At least quarterly | <u>X</u> | ___ |
| d. Other | ___ | ___ |

If other, please explain. _____

- a. Daily _____
- b. At least weekly _____
- c. At least monthly _____
- d. At least quarterly X
- e. Other _____

If other, please explain.

5. Who manages your safety and health program? If you have different individuals for safety and health, list both and identify their assignments.

Name	DC/SD/OL
------	----------

Title

_____ and the OL Security Staff have been appointed by the Dir. of Logistics with the responsibility for OL's overall safety & health program. The day to day operations are handled by the divisional safety/health officers who serve on OL's Safety & Health Committee.

6. What is the approximate percent of time this (each) person spends on the OSH program? Approx. 5% for Both
(safety) (health)

* Divisional officers spend as much as 20% of their time on both.

7. Were the financial resources received in calendar year adequate for the following purposes?

	<u>YES</u>	<u>NO</u>
a. Occupational safety and health personnel	<u>X</u>	<u> </u>
b. Training	<u>X</u>	<u> </u>
c. Inspections/evaluations	<u>X</u>	<u> </u>
d. Personal protective equipment	<u>X</u>	<u> </u>

(continued on next page.)

	<u>YES</u>	<u>NO</u>
e. Abatement	<u>X*</u>	<u> </u>
f. Program promotional items	<u>X</u>	<u> </u>
g. Medical surveillance program for employees	<u>X</u>	<u> </u>
h. Safety and health sampling, testing, laboratory, and analytical equipment	<u>X</u>	<u> </u>
i. Technical information, documents, periodicals, etc.	<u>X*</u>	<u> </u>

* at present, a study is ongoing in P&PD to determine corrective action and resources required

8. Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).

	<u>Hqtrs.</u>	<u>Field</u>
a. Safety Professionals (GS-018, 019, 081, 803, 804, 1815, 1825, 2125, etc.*)	<u>0</u>	<u>0</u>
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	<u>0</u>	<u>0</u>

*or equally qualified military, agency, or nongovernmental personnel.

9. Provide the total number of part-time (collateral duty) safety and health headquarters and field personnel.

	<u>Total number</u>	<u>Approximate full-time equivalent</u>
a. Headquarters personnel	<u>9 *</u>	<u> </u>
b. Field personnel	<u>0</u>	<u>0</u>

Column 2 equals the percent of column 1 in full-time equivalency.

* Includes nurse (part-time) who devotes her entire time and the 8 members of OL's Safety & Health Committee whose time ranges from 5% to 25%.

STAT

PLANNING

<u>YES</u>	<u>NO</u>
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10. Have safety and health program goals and objectives been established?

*

* Pls see attachment

11. What were the primary occupational safety and health program goals achieved during Calendar Year. (Briefly list.)

* Please see attachment

12. What primary occupational safety and health program goals were not achieved during Calendar Year. (Briefly list.)

* Please see attachment

13. How often are your goals and objectives reviewed?

a. Monthly

b. Quarterly

X

c. Semiannually

d. Annually

X

e. Other

<u>YES</u>	<u>NO</u>
------------	-----------

14. Are your OSH goals and objectives included in your Facility/Component's quarterly review system (management by objectives - MBO's, program execution plan - PEP) or other similar system?

X

*

* Major, specific projects are included in Div level MBO's when warranted.

GOALS AND OBJECTIVES FOR CY.

15. Briefly list your primary goals for Calendar Year.

* Please see attachment

16. To what extent are planning factors a. through f. below used in planning the program elements listed in the right-hand columns?

(N = Never; R = Rarely; S = Sometimes; F = Frequently; and A = Always)

PLANNING FACTORS	PROGRAM ELEMENTS					
	INSPECTIONS	TRAINING	INFORMATION	BUDGET AND STAFFING	ABATEMENT PRIORITIES	OTHER
a. Injury and illness incidence data. 1. Lost workday cases 2. Total cases	F	F	S	S	S	
b. Injury and illness (OWCP) cost data	S	S	S	S	S	
c. Recognized hazard data	A	F	F	S	S	
d. Employee reports of unsafe and unhealthful working conditions	F	S	S	S	S	
e. Recommendations of employee representatives	F	F	S	S	S	
f. Other: _____						

* USES WILL VARY BY DIVISIONAL NEEDS

17. Have any special in-depth studies of specific hazards been conducted by your staff or by outside consultants within the past year?

YES _____ NO _____

If yes, briefly describe. _____

1. OL has been working with OGC and DDA safety staff on
procedure for the disposal of hazardous waste.
2. OL, OMS, Safety Staff, and outside consultant studied the
noise level problems in P&PD.
3. Removal of asbestos insulation from work areas.

MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate percentage of employees potentially exposed to the injuries and illnesses listed a. through h. and the appropriate letter H, M, or L (H = High, M = Moderate, L = Low or none) to indicate current priority in your hazard reduction program. In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I		SECTION II						
	PERCENT	H, M, L	COUNTERMEASURES EMPLOYED						
	EMPLOYEES POTEN- Tially EXPOSED	CURRENT PRIORITY	TRAINING	WORKPLACE HAZARD ABATEMENT	INFORMATION CAMPAIGN	DEVELOPMENT OF NEW STANDARDS	RULES AND REGULATIONS	FREQUENT INSPECTIONS	OTHER
a. Traumatic injuries	21%	H	X	X	X			X	
b. Occupational skin diseases or disorders	.6%	M	X	X	X			X	
c. Dust diseases of the lungs (Pneumoconioses)	.3%	L	X	X	X				
d. Respiratory conditions due to toxic agents	.3%	M	X	X	X			X	
e. Poisoning (Systemic effects of toxic materials)	0		X	X	X			X	
f. Disorders due to physical agents (other than toxic materials)	0		X	X	X			X	
g. Disorders due to repeated trauma	0		X	X	X			X	
h. All other occupational illnesses (list)	3%	M	X	X	X			X	

IMPLEMENTATION

19. The following is a list of procedures your Facility/Component developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by and (X) the extent of development and communication.

Procedure	DEVELOPED	FORMALLY COMMUNICATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES
a. For abatement of hazards when other agencies are involved.	*		X	X
b. For employees to participate in OSH activities on official time.	X		X	X
c. For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.			X	X
d. To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.			X	X
e. To maintain a log of injuries and illnesses at each work location.			X	X
f. For issuing alternate and/or supplementary standards.				
g. For resolving conflicting standards.	X			
h. To permit entry of Agency OSH inspectors to classified areas.	X		X	X
i. For issuance of notice of unsafe conditions within 30 days.	X		X	X
j. For abatement and follow-up.	X		X	X
k. For evaluating performance of personnel with OSH duties.	X		X	X

* Procedure is to notify GSA & Safety Staff

20. How are employees notified about their occupational safety and health rights and responsibilities? (Check as many of the following as appropriate.)

- | | |
|--|---------------|
| a. Poster | <u> X </u> |
| b. Administrative directive | <u> X </u> |
| c. Routine part of new employee orientation procedures | <u> X </u> |
| d. Periodic publications | <u> X </u> |
| e. Other (list): _____ | <u> </u> |
| f. No formal methods employed | <u> </u> |

21. How many of the following methods are routinely used to provide additional occupational safety and health information? (Check as many as appropriate).

- | | |
|---|---------------|
| a. Posters | <u> X </u> |
| b. Newsletter | <u> * </u> |
| c. Memoranda | <u> X </u> |
| d. Pamphlets | <u> X </u> |
| e. Other (list): <u>Films, Activity Reports</u> | <u> X </u> |
| f. None | <u> </u> |

* CD uses a monthly newsletter

COMMITTEES

22. Does your Facility/Component have safety and health committees? If yes, answer questions 23 through 28. If no, proceed to question 29.

 YES NO

 X*

*Plus 3 at the Division Level

23. How long have most of your safety and health committees been in operation?

- | | |
|-----------------------|-----------------------------|
| a. Less than one year | <u> </u> |
| b. 1 - 2 years | <u> </u> |
| c. 3 - 4 years | <u> X </u> (Office Level) |
| d. 5 - 6 years | <u> </u> |
| e. 7 years or more | <u> </u> |

* Two Div have had committees for over 7 years

	<u>Approximate percent</u>
24. What is the typical membership of your committees?	
a. Management representatives	<u>100%</u> *
b. Safety and health specialists	<u> </u>
c. Employee members	<u> </u>
d. Employee representatives	<u> </u>
* Office Level	
Div level committees maintain a mixer of management & employees	
25. What is the total number of safety and health committees in your Facility/Component?	<u> </u> *
* 1 at Office level - 3 at Div level	
26. How often do committees conduct meetings?	
a. At least weekly <u> </u>	
b. At least monthly <u> </u>	
c. At least quarterly <u> X </u>	
d. At least annually <u> </u>	
	<u>YES</u> <u>NO</u>
27. Are written minutes taken at committee meetings?	<u> X </u> <u> </u>
Is a formal report of issues and recommendations prepared?	<u> * </u> <u> </u>
If so, to whom is it submitted?	
<u>Formal reports are based on need. At present, two Div</u>	
<u>level committees (CD & P&PD) report formally to their</u>	
<u>respective chiefs</u>	
Is there a formal follow-up procedure?	<u> * </u> <u> </u>
*Based on issue and need. At present, 1 div level committee (CD) has a formal procedure	

28. How effective would you say most of your safety and health committees have been in performing the following functions?

	<u>Not Effective</u>	<u>Generally Ineffective</u>	<u>Somewhat Effective</u>	<u>Very Effective</u>
a. Identifying hazardous conditions	_____	_____	_____	<u>X</u>
b. Communicating OSH problems to management	_____	_____	<u>X</u>	_____
c. Increasing safety consciousness in the workplace	_____	_____	_____	<u>X</u>
d. Reducing accident rates	_____	_____	<u>X</u>	_____
e. Improving health conditions	_____	_____	<u>X</u>	_____
f. Finding solutions to OSH problems that are discovered	_____	_____	<u>X</u>	_____

FIELD FEDERAL SAFETY AND HEALTH COUNCILS

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 29. Does your Facility/Component have a formal policy specifically encouraging participation in Field Federal Safety and Health Councils? (If yes, please attach a copy.)
OL utilizes Agency guidelines & regulations | <u>*</u> | _____ |
| 30. If yes, has the policy been communicated to all Facility/Component subunits and field establishments? | _____ | <u>X</u> |
| 31. Have official (management and non-management) representatives to Field Councils been appointed by the head of each establishment? | <u>*</u> | _____ |

The D/L appoints the Chairman of OL Committee & Div reps are selected by their Div Chiefs

TRAINING

32. Has your Facility/Component developed safety and health training policies and procedures for the target populations listed below? (If yes, indicate the percent of the population trained in CY.)

	<u>Primary Training</u>			<u>Refresher</u>		
	Yes	Percent	No	Yes	Percent	No
a. New employees	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
b. Employees assigned to operate "new" equipment	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
c. Employees assigned to "new/different" tasks	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
d. Employees in high risk jobs	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
e. Top management officials	<u> </u>	<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
f. Supervisors	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
g. Safety and health specialists	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
h. Safety and health inspectors	<u>*</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
i. Collateral duty safety and health personnel	<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
j. Occupational safety and health committee members	<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
k. Employee representatives	<u> </u>	<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
l. Other employees	<u> </u>	<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

* At present, training policies are established along Divisional lines and depends on need. training procedures are established for those populations indicated. At P&PD, the need or requirement for determines the primary training.

STAT

YESNO

33. Has your Facility/Component conducted training courses during the report year to address special or unique problems identified in your areas?
If yes, please list these courses.
(Attach additional pages as necessary.)

X

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number Attendees</u>	<u>Number Hours</u>
Hazardous Cargo	Proper handling of Hazardous Cargo		25	40
Forklift Training	Proper use of		25	12
Forklift Refresher Course	" " "		105	2
Fire Extinguisher Handling	Introduce types of extinguisher and handling techniques		150	1
CPR	Life Saving Techniques		34	40

34. If you developed or used training materials during the report year that you think would be helpful to others, please list below. (Attach additional pages as necessary.)

<u>Subject Matter</u>	<u>Intended Audience</u>	<u>Type of Training Material (film, slides, text)</u>
"The Great Betrayal"	Employees who operate materiel handling equip. and their supervisors	Film cassette
"Color of Danger"	" "	16MM Film

INSPECTIONS

YES NO

35. Does your Facility/Component conduct formal inspections as defined in 29 CFR Part 1960.2(k), of all areas and operations of each workplace and office? X
36. Where there is a known risk of accidents, injuries, or illnesses, how frequently do you conduct formal inspections?
- | | | |
|------------|-------------------|---|
| a. Daily | <u> </u> | * At present, CD's procedure calls for weekly inspections, P&PD schedules inspections quarterly, LSD & RECD has the requirement dictates. |
| b. Weekly | <u>X</u> | |
| c. Monthly | <u> </u> | |
| d. Other | <u>X</u> | |
37. How frequently are less hazardous areas/operations of your Agency formally inspected?
- | | | |
|-----------------|-------------------|---|
| a. Monthly | <u>X</u> | * The nature of the area and hazard dictates the frequency of the inspection. |
| b. Quarterly | <u>X</u> | |
| c. Semiannually | <u> </u> | |
| d. Annually | <u>X</u> | |
| e. Other | <u> </u> | |
38. Provide an estimate of the percent of your Facility/Component's personnel working in areas in which at least one periodic inspection was conducted in the past calendar year. 100% %
39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSH professionals? %
- * At least 1 inspection per yr is conducted by a trained rep for DDA safety staff
40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? %
- * They vary by area and Div; P&PD 25%
CD 90+%

41. Of all known unsafe or unhealthful working conditions, approximately what percent was abated within your inspection report deadlines in the past calendar year?

Unk %

42. Of all known imminent danger situations, approximately what percent was abated within your inspection report deadlines in the past calendar year?

Unk %

SELF-EVALUATIONS

43. Describe your Facility/Component's program of self-evaluation. Outline the procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSH staff, I.G. staff, private contractor, another organizational unit within your Facility/Component). (Attach additional pages as necessary.)

See Attached

44. Describe the results of your self-evaluations. Your discussion should assess the degree to which your Facility/Component has implemented the requirements of Executive Order 12196, the quality of the safety and health program, and any failures to meet program requirements. It should also include a description of your areas' progress in meeting your goals and objectives, and any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means you employed to address those problems. (Attach additional pages as necessary.)

While no formal measure has been initiated to reflect results of OL programs and self-evaluations, OL feels that the efforts put forth have created a safer work place for OL employees. While there were several goals that were not accomplished during CY82, the two overall goals were not only accomplished, but were the primary reasons for creating a safer work place. They are: increased employee awareness and increased employee involvement.

45. What changes in your safety and health program have been proposed, approved, and implemented as a result of your self-evaluations? Indicate the status of each. (Attach additional pages as necessary.)

None

QUESTIONS:

10. The overall objectives for OL are to provide a safe and healthy work environment for all employees; and ensure that all employees promote and encourage safety and health awareness. Specific objectives/goals have been established within OL, but along divisional lines. Whether these objectives/goals are established formally is determined by the division and based on needs.

11. By Division

- * RECD - Hdqs Bldg short circuit protection project.
At present, 90% is completed with an ending date of 1 August 1983
 - Asbestos insulation removed from GC-03 and GC-47 computer centers
- P&PD - Audiometric testing through OMS for P&PD, Press and Bindery, Personnel
- CD - Man and Manager Safety program approved by OSH
 - Hazardous Cargo Training Course conducted at CD
 - Depot Fire Brigade training
 - Material handling courses, promoting safety

12. By Division

- RECD - encourage participation in CPR and Safety courses
- P&PD - Noise abatement for press and bindery equipment
 - Repair of sidewalk in front of P&PD Bldg.
 - Encourage press and bindery personnel to wear protective hearing equipment

15. By Division

- RECD - Successfully support safety staff with engineering solution and minor funding for their projects
- P&PD - Promulgate mandatory use of hearing protection equipment
 - Replace water filled extinguishers with ABC-Type
 - Encourage personnel to attend basic Safety and Health Course

REFERENCE

11

02 APR 1982

MEMORANDUM FOR: Director of Logistics

FROM:

Chief, Safety Staff, DDA

SUBJECT: Annual Occupational Safety and Health Report

1. Each year by 1 April the Agency must send a comprehensive report to the Secretary of Labor covering the Agency's Occupational Safety and Health Program for the previous year. The report is required by the Occupational Safety and Health Act, Executive Order 12196 and Title 29 Code of Federal Regulations, Part 1960. The report is based on guidelines provided by the Secretary of Labor.

2. The report for CY 1981 has just been completed based on information recorded in the Safety Staff and provided by you in the recent questionnaire.

3. The Secretary of Labor has advised that the report for CY 1982 will also be based on the same guidelines. Therefore, the questionnaire has been modified to apply to facilities and components. A copy is attached for your use throughout CY 1982. It should be completed in detail in order that the combined Agency report will be as comprehensive as possible. The completed questionnaire should be returned to the Safety Staff by 1 March 1983.

4. Questions regarding the questionnaire may be directed to [redacted] on extension [redacted]

Attachment

02 2 1047